## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if several names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Laser Shock Peening Target												
☑ the s	pecification of wh	ich is attached	heret	to OR								
	filed onand was a				or	PCT	interr	natior	nal Ap	plication		
	at I have reviewed ded by any amen				above-ident	ified s	pecif	icatio	n, inc	luding the		
I acknowledge the accordance with	ne duty to disclose 37 CFR §1.56.	information w	hich is	s material to the	examination	of thi	s app	olicatio	on in			
patent or invent designated at le below, by check	oreign priority benoor's or plant bree ast one country or ing the box, any formal application	der's rights ce other than the oreign applicat	rtifica Unite	te(s), or 365(a) of d States of Ame or patent, invento	of any PCT rica, listed l r's or plant l	interi below breed	nation , and er's ri	nal ap have ghts	oplica e also certifi	tion which identified icate(s), or		
The state of the s			OATE OF FILING (day, month, year)			CERTIFIED COPY ATTACHED						
							Yes		10			
							Yes Yes		10 10			
I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 CFR §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:												
U.S. PARENT A OR PCT PAREI	PARENT FI (day, month		) (patent ar		nd number, abandoned)							
I hereby claim th	ne benefit under 3	5 U.S.C. §119	(e) of	any United State	s provisiona	al appi	licatio	ın(s) l	listed	below.		
APPLICATION NUMBER(S)			FILII	LING DATE (day, month, year)								
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As a named inventor, I hereby appoint Practitioners at Customer Number 29827; and Ronald E. Myrick (Reg. No. 26,315), Henry J. Policinski, (Reg. No. 26, 621) and Scott R. Hayden, (Reg. No. 41,821) jointly, and each of them severally, my/our attorney(s) or agents(s), with full power of substitution, delegation and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent and to transact all business in the Patent and Trademark Office connected therewith.

I hereby direct that all correspondence and telephone calls in connection with this application be addressed to Practitioners at Customer Number <u>29827</u>.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, statements were made with the knowledge that willfully false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that all such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first joint invento	Edw.	ard Michael, E	ven	1 1	
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